

regulatory flexibility analysis that describes the impact of a proposed or final rule on small entities (i.e., small businesses, small organizations, and small governmental jurisdictions). However, no regulatory flexibility analysis is required if the head of an agency certifies the rule will not have a significant adverse economic impact on a substantial number of small entities. Today's rule is deregulatory in nature. The effect of today's final rule is to remove obsolete guidelines which are mandatory only for Federal facilities. Therefore, I certify that today's rule will not have a significant economic impact on a substantial number of small entities. As a result, no Regulatory Flexibility Analysis is needed.

#### VI. Submission To Congress And The General Accounting Office

Under 5 U.S.C. 801(a)(1)(A) as added by the Small Business Regulatory Enforcement Fairness Act of 1996, EPA submitted a report containing this rule and other required information to the U.S. Senate, the U.S. House of Representatives and the Comptroller General of the General Accounting Office prior to publication of the rule in today's Federal Register. This rule is not a "major rule" as defined by 5 U.S.C. 804(2).

#### List of Subjects

##### 40 CFR Part 244

Environmental Protection, Beverages, Government property, Recycling.

##### 40 CFR Part 245

Government property, Recycling.

Dated: December 20, 1996.

Carol M. Browner,  
Administrator.

For the reasons set forth in the preamble and under the authority of 42 U.S.C. sections 6907, 6912, 6961, and 6964, Title 40, Chapter I of the Code of Federal Regulations is amended as follows:

#### **PART 244—[REMOVED]**

1. Part 244 is removed.

#### **PART 245—[REMOVED]**

2. Part 245 is removed.

[FR Doc. 96-32967 Filed 12-30-96; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Care Financing Administration

#### 42 CFR Parts 401 and 405

[BPD-869-CN]

#### Medicare Program; Waiver of Recovery of Overpayments

AGENCY: Health Care Financing Administration (HCFA), HHS.

ACTION: Correction notice.

**SUMMARY:** On September 19, 1996, we published a final rule (61 FR 49269), which duplicated in HCFA's regulations the content of two sections of the Social Security Administration's (SSA) regulations concerning waiver of recovery of overpayments. Since SSA was restructuring its regulations to apply only to the Federal Old-Age, Survivors and Disability Insurance Program, we established the content of these sections in 42 CFR part 405 to preserve the content of the SSA regulations that are applicable to the Medicare Program. This notice corrects an error in the authority citation in that document.

**EFFECTIVE DATE:** These regulations are effective on October 21, 1996.

**FOR FURTHER INFORMATION CONTACT:** David Walczak, (410) 786-4475.

**SUPPLEMENTARY INFORMATION:** On September 19, 1996, we published a final rule (61 FR 49269) concerning waiver of recovery of overpayments. This notice corrects an error in the authority citation in that document.

On page 49271, in column one, under part 405, amendment 1, the authority citation for part 405, "Authority: Secs. 1102, 1862, and 1871 of the Social Security Act (42 U.S.C. 1302, 1395y, and 1895hh)." is corrected to read, "Authority: Secs. 1102, 1861, 1862(a), 1871, 1874, and 1881 of the Social Security Act (42 U.S.C. 1302, 1395x, 1395y(a), 1395hh, 1395kk, and 1395rr), and sec. 353 of the Public Health Service Act (42 U.S.C. 263a), unless otherwise noted."

(Catalog of Federal Domestic Assistance Program No. 93.773, Medicare—Hospital Insurance; and Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: December 19, 1996.

Michael W. Carleton,

Acting Deputy Assistant Secretary for Information Resources Management.

[FR Doc. 96-33090 Filed 12-30-96; 8:45 am]

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#### 42 CFR Parts 417 and 434

[OMC-010-F]

RIN 0938-AF74

#### Medicare and Medicaid Programs; Requirements for Physician Incentive Plans in Prepaid Health Care Organizations

AGENCY: Health Care Financing Administration (HCFA), HHS.

ACTION: Final rule.

**SUMMARY:** This final rule amends the regulations established by a March 27, 1996, final rule with comment period. The regulations govern physician incentive plans operated by Federally-qualified health maintenance organizations and competitive medical plans contracting with the Medicare program, and certain health maintenance organizations and health insuring organizations contracting with the Medicaid program.

As explained in the March 27 rule, the provisions of this final rule will also have an effect on certain entities subject to the physician referral rules in section 1877 of the Social Security Act.

**DATES:** *Effective date.* These regulations are effective on January 1, 1997.

**FOR FURTHER INFORMATION CONTACT:** Beth Sullivan, (410) 786-4596.

#### **SUPPLEMENTARY INFORMATION:**

##### I. Background

##### A. Introduction

Prepaid health care organizations, such as health maintenance organizations (HMOs), competitive medical plans (CMPs), and health insuring organizations (HIOs) are entities that provide enrollees with comprehensive, coordinated health care in a cost-efficient manner. The goal of prepaid health care delivery is to control health care costs through preventive care and case management and provide enrollees with affordable, coordinated, quality health care services. Titles XVIII and XIX of the Social Security Act (the Act) authorize contracts with prepaid health care organizations (hereinafter referred to as "organizations" or "prepaid plans") for the provision of covered health services to Medicare beneficiaries and Medicaid recipients, respectively. Such organizations may contract under either a risk-based or cost-reimbursed contract.

##### B. Medicare

Section 1876 of the Act authorizes the Secretary to enter into contracts with eligible organizations (HMOs that have been Federally qualified under section